

Sun Life and Health Insurance Company (U.S.)

Application for Long Term Disability Conversion Insurance

Customer Service Center
Group LTD Conversion, SC 1219
One Sun Life Executive Park
Wellesley Hills, MA 02481
800-247-6875

Date (mm/dd/yyyy)				
Your name (first, middle initial, last)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security number	Date of birth (mm/dd/yyyy)
Address (number and street, city, state, zip)			Telephone number	
Name of your employer		Group policy number	Telephone number	
Date of termination of employment (mm/dd/yyyy)		Date of termination of Long Term Disability coverage under your employer's plan (mm/dd/yyyy)		
Basic monthly salary as of date of termination (not including commissions, bonuses, or overtime) \$			Gross monthly benefit you are applying for \$	

Premium

The amount of premium due on a quarterly basis will be as shown on the conversion insurance Policy. The amount paid with this Application is \$. I agree to pay the balance, if any, of the quarterly premium due as calculated by Sun Life and Health Insurance Company (U.S.) over the amount paid with this Application. Sun Life and Health Insurance Company (U.S.) will refund to me any amount that is in excess of the required premiums for the Conversion Insurance.

Eligibility

You must have been insured by Sun Life and Health Insurance Company (U.S.) and the prior carrier (if any) under your employer's Long Term Disability plan for at least twelve consecutive months at the time your Group Long Term Disability insurance under your employer's plan terminated.

Effective Date

If this Application is approved by Sun Life and Health Insurance Company (U.S.), your insurance will be effective at 12:01 AM on the date after your coverage under your employer's Group Long Term Disability insurance terminates.

Contract

Your insurance contract will consist of this Application and the insurance policy together with any riders or amendments issued by Sun Life and Health Insurance Company (U.S.).

Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant's signature X	Date (mm/dd/yyyy)
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Sun Life and Health Insurance Company (U.S.) is a member of the Sun Life Financial group of companies.